

NWS CHANGE FORM PART A			1. DATE SUBMITTED 15 20 March 2000
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).			
2. ORIGINATOR OFFICE APO	3. SUBMITTING AUTHORITY Name: Ward Seguin Routing Code: W/APO1	4. COGNIZANT TECHNICAL INDIVIDUAL Name: Ed Hiner Routing Code: APO1 Phone: 301-713-1570 x125	5. ORIGINATOR TRACKING NUMBER APO_A100044
6. SYSTEMS AFFECTED BY CHANGE <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> ASOS <input checked="" type="checkbox"/> AWIPS <input type="checkbox"/> CRS <input type="checkbox"/> NEXRAD <input checked="" type="checkbox"/> OTHER (specify) <u>_CWSU_</u> </div> <div style="text-align: right;"> <input type="checkbox"/> DATA PRODUCTS (Complete Data Products Supplement) </div> </div>			7. WSH TRACKING NUMBER <div style="text-align: center; font-size: 1.2em; font-weight: bold;">NWS 564</div> 20 March 2000
8. TITLE OF CHANGE AWIPS Support of a Remote Display in the twenty-one Center Weather Service Units (CWSU).			
9. TYPE OF CHANGE <input type="checkbox"/> HARDWARE <input type="checkbox"/> SOFTWARE <input checked="" type="checkbox"/> DOCUMENTATION ONLY		10. SITES AFFECTED (Attach Part B, Page 2, if needed) Twenty-one AWIPS WFOs, as identified in block 12.	
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) Provide NWS CWSU meteorologists with the capabilities for current weather monitoring and analysis, with an AFOS-independent solution.			
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) At the 21 AWIPS sites, one ethernet port will be dedicated for the support of the associated CWSU, and one workstation will run an instance of AWIPS display software, specifically for the CWSU display. The remainder of this implementation is external to the AWIPS baseline, is presumably outside the AWIPS CCB purview, and is summarized here for information only. A dedicated router will be connected to the AWIPS ethernet port, and will interface to a dedicated T1 line which goes to the CWSU. At the CWSU, this T1 line connects to a dedicated router, which in turn connects to a dedicated PC running the Linux operating system. The CWSU PC will export displays from the AWIPS workstation at the supporting WFO, using X Windows. The dedicated router at the WFO will be assigned an IP address in AWIPS address space in accordance with established procedures. Supporting AWIPS sites: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">BOX - Boston, MA</div> <div style="width: 25%;">LWX - Sterling, VA</div> <div style="width: 25%;">OKX - New York, NY</div> <div style="width: 25%;">CLE - Cleveland, OH</div> <div style="width: 25%;">ABQ - Albuquerque, NM</div> <div style="width: 25%;">FWD - Fort Worth, TX</div> <div style="width: 25%;">HGX - Houston, TX</div> <div style="width: 25%;">JAX - Jacksonville, FL</div> <div style="width: 25%;">MFL - Miami, FL</div> <div style="width: 25%;">MEG - Memphis, TN</div> <div style="width: 25%;">FFC - Atlanta, GA</div> <div style="width: 25%;">LOT - Chicago, IL</div> <div style="width: 25%;">BOU - Denver, CO</div> <div style="width: 25%;">IND - Indianapolis, IN</div> <div style="width: 25%;">EAX - Pleasant Hill, MO</div> <div style="width: 25%;">MPX - Minneapolis, MN</div> <div style="width: 25%;">LOX - Los Angeles, CA</div> <div style="width: 25%;">SLC - Salt Lake City, UT</div> <div style="width: 25%;">MTR - San Francisco, CA</div> <div style="width: 25%;">SEW - Seattle, WA</div> <div style="width: 25%;">AFC - Anchorage, AK</div> </div>			
13. ALTERNATE SOLUTIONS No acceptable alternatives identified.			
14. REQUIRED CHANGE DATE September, 2000	15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.) AFOS Decommissioning will remove current CWSU RTA connectivity.		

CCB/PMC/CMB DECISION		
16. DECISION AUTHORITY LEVEL	<input type="checkbox"/> CCB LEVEL ONLY	<input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED
17. CCB LEVEL DECISION	<input type="checkbox"/> APPROVED	SIGNATURE
	<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVED	DATE SIGNED
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED		
18. PMC OR NWS CMB DECISION	<input type="checkbox"/> APPROVED	SIGNATURE
	<input type="checkbox"/> DISAPPROVED	DATE SIGNED

NWS CHANGE FORM

PART A - DATA PRODUCTS SUPPLEMENT

2. WSH TRACKING NUMBER
NWS 564

This information is required for Data Products submissions. (Submitters should complete all applicable blocks, if known. WSH will assist.) Attach extra pages if necessary.

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NWS CHANGE FORM PART B		1. ORIGINATOR TRACKING NUMBER	
All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.		2. WSH TRACKING NUMBER NWS 564	
FUNDING INFORMATION			
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.)		3. SOURCE OF FUNDING	4. TOTAL COST \$TBD
5. DEVELOPMENT COSTS (Estimate development costs) Costs TBD			AMOUNT TBD
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs)			AMOUNT TBD
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs)			AMOUNT TBD
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs)			AMOUNT TBD
9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs)			AMOUNT TBD
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits)			AMOUNT TBD
SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change.			
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) Note: Additional information on schedule will be provided as an update.		11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.)	
12. IMPLEMENTATION/RETROFIT SCHEDULE		13. FACILITY INFORMATION (Attach facility drawings/plans.)	
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.)		15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED	
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each)		17. COORDINATION OF CHANGE WITH OTHER CHANGES	
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.)		19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.)	
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.)		21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.)	
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.)			

NWS CHANGE FORM

2. WSH TRACKING NUMBER

8. SUPERSEDED DOCUMENT		9. SUPERSEDING DOCUMENT	
A. IDENTIFIER	B. REV	A. IDENTIFIER	B. REV

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<div>NWS CHANGE FORM</div> <div>PART C</div>		1. ORIGINATOR TRACKING NUMBER	
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.		2. WSH TRACKING NUMBER NWS 564	
3. CCB COST EVALUATION			
NWS COST \$		FAA COST \$	DOD COST \$
		OTHER AGENCY COST \$ (SPECIFY)_____	
		TOTAL COST \$	
4. IMPLEMENTATION DOCUMENTS REQUIRED			
<div><input type="checkbox"/> Engineering Modification Note</div> <div><input type="checkbox"/> Software Release Notes</div> <div><input type="checkbox"/> Other Document (Specify)_____</div>			
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.			
5. IMPLEMENTATION ACTIVITY REQUIRED		6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE
8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION			
Implementation plan is being drafted, and will be circulated for review.			